

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016068

1. Entity Name

EP SUPERMARKET LLC

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 022 ****50.00

Principal Place of Business

Mailing Address

2750 SW 26 AVE. UNIT F
 MIAMI FL 33133

2750 SW 26 AVE. UNIT F
 MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1146008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Julio C. Someillan

Street Address (P.O. Box Number is Not Acceptable)

100 Kings Point Dr. # 1506

City

Sunny Isles Beach,

FL

Zip Code
 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julio C. Someillan

Signature, typed or printed name of registered agent and title if applicable.

Julio C. Someillan

(NOTE: Registered Agent signature required when reinstating)

8/26/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS SMIT, LUPE
 CITY-ST-ZIP 2750 SW 26 AVE. UNIT F
 MIAMI FL 33133

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS ANGULO, MYRIAM
 CITY-ST-ZIP 2750 SW 26 AVE. UNIT F
 MIAMI FL 33133

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Julio C. Someillan

8/26/02

305-940-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)